

MEETING HIGHLIGHTS

HSC Dental Services Subcommittee
Clackamas Community College
Wilsonville Training Center, Room 218
Wilsonville, Oregon
January 11, 2010
1:00 – 4:00 pm

Members Present: Cedric Hayden, DMD; Kristi Jacobo; Deborah Loy; Gordon Empey, DMD; Lynn Ironside; Mike Shirtcliff, DMD.

Members Absent: Lisa Dodson, MD (Chair); Gary Allen, DMD; Jake Felix, MD; Beryl Fletcher; Michael Plunkett, MD.

Staff Present: Darren Coffman; Ariel Smits, MD, MPH.

Guests: None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights</p> <p>The highlights of the December 7, 2009 Dental Services Subcommittee meeting were reviewed.</p>	No changes were suggested.	Dorothy will post to the web.	ASAP
<p>Outstanding Issues: <i>Services on Line 630 (Cosmetic Dental Services) or Line 660 (Elective Dental Services) for which consideration should be given for movement to another line.</i></p> <p>The group continued to review the meeting document entitled, "Codes Currently on Dental Services Lines – Responses as of 4/23/09." It was clarified that the vast majority of this work is a part of the biennial review of the list that will result in changes effective January 1, 2012.</p>	Please see <i>Attachment A</i> for a summary of all the subcommittee's recommendations for specific codes discussion on Lines 630 and 660 beyond those reviewed at 11/7/09 meeting.	None	
<p>Value-Based Services (VBS)</p> <p>Darren reminded the group that these types of services would be provided without copayment and reviewed the updated matrix, noting the new row for Dental Care.</p> <p style="padding-left: 40px;">Systematic, international reviews show evidence for professionally applied fluoride varnish (twice yearly in 2-16 year olds who are at high risk); fluoride gel and mouth rinse (in 6-16 year old high risk children).</p> <p>Members discussed their belief that varnish should begin as soon as teeth erupt. Dr. Shirtcliff questioned</p>	Propose the following amended recommendation to the HSC:	Staff	1/14/10 HSC meeting.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Value Based Services (VBS) (Cont'd)</p> <p>the recommendation of using gels, which is more expensive than varnish. Dr. Smits said the evidence reviewed so far suggests application begin at 2 years and would interested be interested in reviewing other studies which the members might be able to point her to. Dr. Smits noted that the evidence-based review that staff was relying on did not include children less than 2 years that there were non-systematic studies which suggested that fluoride application would be efficacious for one year olds.</p>	<p>"Professionally applied fluoride varnish (twice yearly in 12 months-16 year olds who are at high risk" with the footnote of: "Evidence is only available for 2-16 year olds but studies acknowledge that no subjects under age 2 could be found and the Dental Services Subcommittee indicates that waiting until age 2 is too late according to all community standards."</p>		
<p>Review of Services Not Appearing on the Prioritized List</p> <p>The group reviewed the meeting document entitled, "Valid Dental (CDT) Code Placement," which enumerates codes on the following claims processing files:</p> <ul style="list-style-type: none"> A. Diagnostic services B. Excluded (never covered) services C. Exempt (always covered) services D. Ancillary services <p>The group discussed whether or not to cover codes D5670 - D5671 (replace all teeth, acrylic on cast metal framework, maxillary and mandibular).</p> <p>Code D5991 (topical medicament carrier) was discussed for the treatment of lichen planus of the mouth. More discussion is needed. Input from Dr. Allen seems necessary.</p>	<p>Please see <i>Attachment B</i> for a summary of all the subcommittee's recommendations for the codes.</p> <p>Deborah will bring additional information to the next meeting.</p> <p>Contact Dr. Allen for input.</p>	<p>None</p> <p>Deborah</p> <p>Staff</p>	<p>Next meeting.</p> <p>Before next meeting.</p>
<p>Public Comment</p> <p>No public comment was offered at this time.</p>	<p>None</p>		
<p>Next Steps</p> <p>The next meetings of the subcommittee will be held on:</p> <p>Monday, February 8, 2010, 1:00-4:00 pm, Room 212 Tuesday, March 9, 2010, 1:00-4:00 pm, Room 212 Tuesday, April 13, 2010, 1:00-4:00 pm, Room 212</p>	<p>Send a reminder of the meetings.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p>Adjournment</p> <p>The meeting was adjourned at 4:00 pm.</p>			

Line Code	Description	Appropriate on line?	Comments
630	D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	Y
630	D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	Y
630	D5862	PRECISION ATTACHMENT, BY REPORT	Y
630	D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	Y
630	D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	Y
630	D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	Y
630	D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	Y
630	D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Y
630	D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	Y
630	D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	Y
630	D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	Y
630	D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	Y
630	D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	Y
630	D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	Y
630	D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	Y
630	D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	Y
630	D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	Y
630	D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	Y
630	D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	Y
630	D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	Y
630	D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	Y
630	D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	Y
630	D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	Y
630	D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	Y
630	D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	Y
630	D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	Y
630	D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	Y
630	D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	Y
630	D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Y
630	D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	Y

Line Code	Description	Appropriate on line?	Comments	Attachment A
630	D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	Y	
630	D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	Y	
630	D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	Y	
630	D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMEN REINSERTION OF PROSTHESIS	Y	
630	D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	Y	
630	D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	Y	
630	D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	Y	
630	D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	Y	
630	D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	Y	
630	D6100	IMPLANT REMOVAL, BY REPORT	Y	
630	D6210	PONTIC-CAST HIGH NOBLE METAL	Y	
630	D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	Y	
630	D6245	PONTIC - PORCELAIN/CERAMIC	Y	
630	D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	Y	
630	D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	Y	
630	D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	Y	
630	D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	Y	
630	D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	Y	
630	D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	Y	
630	D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	Y	
630	D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	Y	
630	D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	Y	
630	D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	Y	
630	D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	Y	
630	D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	Y	
630	D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	Y	
630	D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	Y	
630	D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	Y	
630	D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	Y	
630	D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	Y	
630	D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	Y	
630	D6720	CROWN-RESIN WITH HIGH NOBLE METAL	Y	
630	D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	Y	
630	D6722	CROWN-RESIN WITH NOBLE METAL	Y	
630	D6740	CROWN - PORCELAIN/CERAMIC	Y	
630	D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	Y	
630	D6790	CROWN-FULL CAST HIGH NOBLE METAL	Y	
630	D6920	CONNECTOR BAR	Y	

Line Code	Description	Appropriate on line?	Comments	Attachment A
630	D6950	PRECISION ATTACHMENT	Y	
630	D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	Y	
630	D7290	SURGICAL REPOSITIONING OF TEETH	Y	
630	D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	Y	
630	D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING SURGICAL FLAP	Y	
630	D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	Y	
630	D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	Y	
630	D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	Y	
630	D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	Y	
630	D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	Y	
630	D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Y	
630	D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	Y	
630	D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Y	
630	D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Y	
630	D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Y	
630	D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Y	
630	D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	Y	
630	D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Y	
630	D8210	REMOVABLE APPLIANCE THERAPY	Y	
630	D8220	FIXED APPLIANCE THERAPY	Y	
630	D8660	PRE-ORTHODONTIC VISIT	Y	
630	D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	Y	
630	D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	Y	
630	D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	Y	
630	D8691	REPAIR OF ORTHODONTIC APPLIANCE	Y	
630	D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	Y	
630	D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	Y	
630	D9941	FABRICATION OF ATHLETIC MOUTHGUARD	Y	
630	D9950	OCCLUSION ANALYSIS-MOUNTED CASE	Y	
630	D9970	ENAMEL MICROABRASION	Y	
630	D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	Y	
630	D9972	EXTERNAL BLEACHING - PER ARCH	Y	
630	D9973	EXTERNAL BLEACHING - PER TOOTH	Y	
630	D9974	INTERNAL BLEACHING - PER TOOTH	Y	
630	D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT	Y	Keep on the line at this time, per Kristi
660	D2542	ONLAY-METALLIC-TWO SURFACES	Y	
660	D2543	ONLAY - METALLIC - THREE SURFACES	Y	

Line Code	Description	Appropriate on line?	Comments	Attachment A
660	D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	Y	
660	D2720	CROWN-RESIN WITH HIGH NOBLE METAL	Y	
660	D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	Y	
660	D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	Y	
660	D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	Y	
660	D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	Y	
660	D2782	CROWN - 3/4 CAST NOBLE METAL	Y	
660	D2783	CROWN - 3/4 PORCELAIN/CERAMIC	Y	
660	D2790	CROWN-FULL CAST HIGH NOBLE METAL	Y	
660	D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	Y	
660	D2792	CROWN-FULL CAST NOBLE METAL	Y	
660	D2799	PROVISIONAL CROWN	Y	
660	D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	Y	
660	D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	Y	
660	D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	Y	
660	D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).	Y	
660	D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	Y	
660	D3450	ROOT AMPUTATION-PER ROOT	Y	
660	D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	Y	
660	D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	Y	
660	D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	Y	
660	D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT	Y	
660	D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	Y	
660	D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	Y	
660	D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	Y	
660	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	Y	
660	D4271	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	Y	
660	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH	Y	
660	D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	Y	
660	D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH, BY REPORT	Y	
660	D5211	UPPER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Y	
660	D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Y	
660	D6212	PONTIC-CAST NOBLE METAL	Y	
660	D6780	CROWN-3/4 CAST HIGH NOBLE METAL	Y	
660	D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	Y	
660	D6782	CROWN - 3/4 CAST NOBLE METAL	Y	
660	D6783	CROWN - 3/4 PORCELAIN/CERAMIC	Y	

Line Code	Description	Appropriate on line?	Comments	Attachment A
660	D6940	STRESS BREAKER	Y	
660	D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	Y	
660	D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	Y	
660	D7220	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE	N	Delete from this line. This code's coverage is set by DMAP rules. Coverage is limited to situations where there is pain, swelling and infection
660	D7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	N	Delete from this line. This code's coverage is set by DMAP rules. Coverage is limited to situations where there is pain, swelling and infection
660	D7240	REMOVAL OF IMPACTED TOOTH-COMpletely BONY	N	Delete from this line. This code's coverage is set by DMAP rules. Coverage is limited to situations where there is pain, swelling and infection
660	D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	N	Delete from this line. This code's coverage is set by DMAP rules. Coverage is limited to situations where there is pain, swelling and infection
660	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	N	Delete from this line. This code's coverage is set by DMAP rules. Coverage is limited to situations where there is pain, swelling and infection
660	D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	Y	
660	D7971	EXCISION OF PERICORONAL GINGIVA	N	Move to the Urgent line.
660	D7998	INTRAORAL PLACEMENT OF A FIXATION DEVICE NOT IN CONJUNCTION WITH A FRACTURE	Y	
660	D9120	FIXED PARTIAL DENTURE SECTIONING	N	Delete from this line. DMAP is developing coverage criteria in rules.
660	D9910	APPLICATION OF DESENSITIZING MEDICAMENT	Y	
660	D9911	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE, PER TOOTH	Y	
660	D9940	OCCLUSAL GUARDS, BY REPORT	Y	
660	D9951	OCCLUSAL ADJUSTMENT-LIMITED	Y	
660	D9952	OCCLUSAL ADJUSTMENT-COMPLETE	Y	

DSS 1/11/10 Highlights Attachment B

CDT Code	Code Description	OHP Coverage	Current Designation	BR / Med	Recommended Changes
D0210	Intraoral - complete series (including bitewings)	Plus	Diagnostic File		None
D0220	Intraoral - Periapical - First Film	OHP	Diagnostic File		None
D0230	Intraoral - Periapical - Each Additional Film	OHP	Diagnostic File		None
D0240	Intraoral - Occlusal Film	OHP	Diagnostic File		None
D0250	Extraoral First Film	OHP	Diagnostic File		None
D0260	Extraoral each additional film	OHP	Diagnostic File		None
D0270	Bitewing - single film	OHP	Diagnostic File		None
D0272	Bitewing - two films	OHP	Diagnostic File		None
D0273	Bitewings - three films	Plus	Diagnostic File		None
D0274	Bitewing - four films	Plus	Diagnostic File		None
D0277	Vertical bitewing - 7 to 8 films	Plus	Diagnostic File		None
D0290	X-ray posterior, anterior or lateral skull facial bone survey film	Plus	Diagnostic File	BR	Move to Ortho lines
D0310	Sialography	Plus	Diagnostic File		None
D0320	TM joint arthrogram, including injection	Plus	Diagnostic File		None
D0321	X-ray other temporomandibular joint	Plus	Diagnostic File	BR	Change to PAC 5 (By Report)
D0322	Tomographic Survey.	Plus	Diagnostic File		None
D0330	Panoramic Film	Plus	Diagnostic File		None
D0340	X-ray cephalometric film	Plus	Diagnostic File	BR	Move to Ortho lines
D0350	Oral/Facial images (including intra and extraoral	Plus	Diagnostic File	BR	Move to Ortho lines
D0360	Cone beam CT – craniofacial data capture	OHP	Diagnostic File	BR	Move to the Exclude File
D0362	Cone beam-two dimensional image reconstruction using existing data, includes multiple images	OHP	Diagnostic File	BR	Move to the Exclude File
D0363	Cone beam-three-dimensional image reconstruction using existing data, includes multiple images	OHP	Diagnostic File	BR	Move to the Exclude File
D0415	Collection of microorganisms for culture and sensitivity.	Plus	Diagnostic File		None
D0416	Viral culture		Exclude File		None
D0417	Collection and preparation of saliva. sample for laboratory diagnostic testing		Exclude File		None
D0418	Analysis of saliva sample		Exclude File		None
D0421	Genetic test for susceptibility to oral diseases		Exclude File		None
D0425	Caries Susceptibility Tests		Exclude File		None
D0431	Adjunctive Pre-Diagnostic Test That Aids in Detection of Mucosal Abnormalities, including Pre-malignant and Malignant Lesions, not to Include Cytology or Biopsy Procedures		Exclude File		None
D0460	Pulp vitality test		Exclude File		None
D0470	Diagnostic casts		Exclude File		None
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Plus	Diagnostic File		Move to Exclude File

CDT Code	Code Description	OHP Coverage	Current Designation	BR / Med	Recommended Changes
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written	Plus	Diagnostic File		Move to Exclude File
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission	Plus	Diagnostic File		Move to Exclude File
D0475 - D0479	decalcification procedure; special stains for microorganisms; special stains, not for microorganisms; immunohistochemical stains; tissue in-situ hybridization, including interpretation		Exclude File		Move to Exclude File
D0480	Processing and interpretation of cytologic smears, including the preparation and transmission of written report	Plus	Diagnostic File		Move to Exclude File
D0481 - D0485	Electron microscopy, diagnostic; direct immunofluorescence; indirect immunofluorescence; consultation on slides prepared elsewhere; consultation, including preparation of slides from biopsy material supplied by referring		Exclude File		Move to Exclude File
D0486	Accession of brush biopsy sample, microscopic examination, preparation and transmission	Plus	Diagnostic File		Move to Exclude File
D0502	Other oral pathology procedures, by report	Plus	Diagnostic File		Move to Exclude File
D0999	Unspecified diagnostic procedure, by report		Exclude File	BR	Change to PAC 5 (By Report)
D1310	Nutritional counseling for control of dental disease	Valid for encounters, not open for FFS	Exclude File		Add to prevention line
D2712	Crown-3/4 resin-based composite (Indirect)		Exclude File		Add Line 498 w/02710
D2794	Crown-Titanium		Exclude File		Add to Line 658 w/2781
D2915	Recent cast or prefabricated post and core		Exclude File		Add to Urgent Care line
D2934	Prefab esthetic coated stainless steel crown, primary tooth		Exclude File		Add to Cosmetic Line
D2970	Temporary crown	Plus	Exclude File		Add to Urgent Care line
D2971	Additional procedures to construct new crown under existing partial denture framework		Exclude File		None
D2975	Coping		Exclude File		None
D4265 - D4267	Biologic materials to aid in soft and osseous tissue regeneration; guided tissue regeneration – resorbable barrier, per site; guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)		Exclude File		None
D4275 - D4276	soft tissue allograft; combined connective tissue and double pedicle graft, per tooth		Exclude File		None
D5225 - D5226	maxillary partial denture – flexible base (including any clasps, rests and teeth); mandibular partial denture – flexible base (including any clasps, rests and teeth)		Exclude File		None

CDT Code	Code Description	OHP Coverage	Current Designation	BR / Med	Recommended Changes
D5670 - D5671	Replace all teeth and acrylic on cast metal framework (maxillary); replace all teeth and acrylic on cast metal framework (mandibular)		Exclude File		None
D5670 - D5671	Replace all teeth, acrylic on cast metal framework, maxillary and mandibular (repectively)		Exclude File	BR?	Note: Deborah will discuss line placement with DCOs
D5811	Interim complete denture (mandibular)				Add to the line where code D5810 appears
D5911 - D5913	Facial moulage (sectional); Facial moulage (complete); Nasal prosthesis - respectively	Plus	Ancillary	Med	Move to Exclude File
D5916	Ocular prost	Plus	Ancillary	Med	Move to Exclude File
D5922- D5923	Nasal septal prosthesis; Ocular prosthesis, interim - respectively	Plus	Ancillary	Med	Move to Exclude File
D5926	Nasal prosthesis, replacement	Plus	Ancillary	Med	Move to Exclude File
D5936	Obturator prosthesis, interim	Plus	Ancillary	Med	Move to Exclude File
D5952- D5953	Speech aid prosthesis, pediatric; Speech aid prosthesis, adult - respectively	Plus	Ancillary	Med	Move to Exclude File

BR = By report; Med = Medical service

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Value Based Services (VBS) (Cont'd) that are unquestionably effective and asked the group's opinion of providing fluoride toothpaste to all OHP clients and potentially all health plans offering insurance in Oregon. This would be introducing a new type of service.</p> <p><i>Fluoride application:</i> The members revisited the recommendation to lower the beginning age for fluoride application to one year old or when the first tooth erupts.</p> <p><i>Fluoride supplements:</i> Dr. Empey shared that fluoride supplements provide systemic delivery of the medication that strengthens the development of permanent teeth and is known to reduce cavities.</p> <p><i>Sealants:</i> This service is effective for adult teeth, not deciduous.</p>	<p>For VBS, recommend providing toothpaste with higher concentrations of fluoride for higher-risk individuals, such as lower income families and OHP clients.</p> <p>Reaffirm to the HSC the DSS's VBS recommendation to begin fluoride application by 1 year or when the first tooth erupts.</p> <p>VBS recommendation: fluoride supplements for individuals aged 6 months to 16 years of age.</p> <p>VBS recommendation: sealing adult teeth in high risk children and adolescents.</p>	Staff	For HSC meeting
<p>Continuation of Review of Services Not Appearing on the Prioritized List</p> <p>The group reviewed the meeting document entitled, "Valid Dental (CDT) Code Placement," which enumerates codes on the following claims processing files:</p> <ul style="list-style-type: none"> A. Diagnostic services B. Excluded (never covered) services C. Exempt (always covered) services D. Ancillary services <p>Should codes D6190 (Radiographic/surgical implant index, by report) and D6194 (Abutment supported retainer for FPD, titanium) should be placed on a line or if they should remain on the Excluded List.</p> <p>Use and placement of code D9430 (Office visit for observation, during regularly scheduled hours, no other services performed).</p>	<p>Please see <i>Attachment A</i> for a summary of all the subcommittee's recommendations for the codes.</p> <p>Mike will email an oral surgeon for expert opinion.</p> <p>Beryl will contact the ADA to help determine the proper code placement.</p>	None ASAP	Next DSS meeting
<p>Public Comment No public comment was offered at this time.</p>	None		
<p>Next Steps The next meetings of the subcommittee will be held on:</p>	Send a reminder of the meetings.	Dorothy	ASAP

Next Steps (Cont'd) Tuesday, April 13, 2010, 1:00-4:00 pm, Room 212 Tuesday, April 27, 2010, 1:00-4:00 pm, Room 212	Send a reminder of the meetings.	Dorothy	ASAP
Adjournment The meeting was adjourned at 4:00 pm.			

ATTACHMENT A

CDT Code	Code Description	Current Designation	BR / Med	Recommended Changes
D0416	Viral Culture	Excluded		None
D0417	Collection and preparation of saliva sample for laboratory diagnostic test	Excluded		None
D0418	Analysis of saliva sample	Excluded		None
D0421	Genetic test for susceptibility to oral diseases	Excluded		None
D0425	Caries susceptibility test	Excluded		None
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant	Excluded		None
D0460	Pulp vitality tests	Excluded		None
D0470	Diagnostic casts	Excluded		None
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Diagnostic File		Move to Excluded File
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Diagnostic File		Move to Excluded File
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins	Diagnostic File		Move to Excluded File
D0475 - D0479	D0475-Decalcification procedure, D0476-Special stains for microorganisms D0477-stains, not for microorganisms, D0478-Immunohistochemical stains, D0479-Tissue in- situ hybridization, including interpretation	Excluded		None
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Diagnostic File		Move to Excluded File
D0481 - D0485	D0481-Electron microscopy, diagnostic; D0482-Direct immunofluorescence; D0483-Indirect immunofluorescence; D0484-Consultation on slides prepared elsewhere; D0485-Consultation, including preparation of slides from biopsy material supplied by referring source	Excluded		None
D0486	Laboratory accession of brush biopsy sample, microscopic examination, preparation and transmission of written report	Diagnostic File		Move to Excluded File
D0502	Other oral pathology procedures, by report	Diagnostic File		Move to Excluded File
D0999	Unspecified diagnostic procedure, by report	Excluded		None
D2971	Additional procedures to construct new crown under existing partial denture framework	Excluded		None
D2975	Coping. A thin covering of the remaining portion of a tooth, usually fabricated of metal and devoid of anatomic contour. This is to be used as definitive restoration.	Excluded		None
D4265 - D4267	D4265-Biologic materials to aid in soft and osseous tissue regeneration; D4266-Guided tissue regenerationresorbable barrier, per site; D4267- Guided tissue regeneration, nonresorbable barrier, per site (includes membrane removal)	Excluded		None
D4275 - D4276	D4275-Soft tissue allograft; D4276-Combined connective tissue and double pedicle graft, per tooth	Excluded		None
D5225 - D5226	D5225-Maxillary partial denture, flexible base (including any clasps, rests and teeth); D5226-Mandibular partial denture, flexible base (including any clasps, rests and teeth)	Excluded		None
D5670 - D5671	D5670-Replace all teeth and acrylic on cast metal framework (maxillary); D5671-Replace all teeth and acrylic on cast metal framework (mandibular)	Excluded		None
D5811	Interim complete denturemandibular			None
D5911 - D5913	D5911-Facial moulage (sectional); D5912-I moulage (complete); D5913-Nasal prosthesis		Med	None
D5916	Ocular prosthesis		Med	None
D5922- D5923	D5922-Nasal septal prosthesis; D5923-Ocular prosthesis		Med	None
D5926	Nasal prosthesis, replacement		Med	None
D5936	Obturator prosthesis, interim		Med	None
D5952- D5953	D5952-Speech aid prosthesis, pediatric; D5953-Speech aid prosthesis,adult		Med	None

CDT Code	Code Description	Current Designation	BR / Med	Recommended Changes
D6053 - D6054	D6053-Implant abutment supported removable denture for completely edentulous arch; D6054-Implant abutment supported removable denture for a partially edentulous arch	Excluded		None
D6094	Abutment supported crown (titanium)	Excluded		Move to Elective Line
D6190	Radiographic/surgical implant index, by report	Excluded		Mike will send email to oral surgeon for expert opinion
D6194	Abutment supported retainer for FPD (titanium)	Excluded		Mike will send email to oral surgeon for expert opinion
D6205	Pontic, indirect resin based composite	Excluded		Move to Elective Line
D6214	Pontic, titanium	Excluded		Move to Elective Line
D6253	Provisional pontic	Excluded		Move to Elective Line
D6624	Inlay, titanium	Excluded		Move to Elective Line
D6634	Onlay, titanium	Excluded		Move to Elective Line
D6710	Crown, indirect resin based composite	Excluded		Move to Elective Line
D6793 - D6794	D6793-Provisional retainer crown; D6794-Crown - titanium	Excluded		Move to Elective Line
D6985	Pediatric partial denture, fixed	Excluded		Move to Cosmetic Line
D7261	Primary closure of a sinus perforation	Excluded		Move to Emergent Line
D7282 - D7283	D7282-Mobilization of erupted or malpositioned tooth to aid eruption; D7283-cement of device to facilitate eruption of impacted tooth	Excluded		Move to Ortho Line
D7285	Biopsy of oral tissue, hard (bone, tooth)	Diagnostic File	BR / Med	None
D7286	Biopsy of oral tissue, soft	Diagnostic File	Med	None
D7287	Exfoliative cytology sample collection	Diagnostic File	BR / Med	None
D7288	Brush biopsytransepithelial sample collection	Diagnostic File	BR / Med	None
D7311	Alveoloplasty in conjunction with extractions -one to three teeth or tooth spaces, per quadrant	Excluded		Move to Line 499
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per	Excluded		Move to Line 499
D7411- D7415	D7411-Excision of benign lesion greater than 1.25 cm; D7412-Excision of benign lesion, complicated; D7413-Excision of malignant lesion up to 1.25 cm; D7414-Excision of malignant lesion greater than 1.25 cm; D7415-Excision of malignant lesion, complicated	Excluded	Med	None; Also add code D7410 to excluded list and treat as a medical code
D7472 - D7473	D7472-Removal of torus palatinus; D7473-Removal of torus mandibularis	Excluded	Med	None
D7485	Surgical reduction of osseous tuberosity	Excluded		None
D7490	Radical resection of mandible with bone graft	Excluded	BR / Med	None
D7511	Incision and drainage of abscess-intraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	Excluded	BR / Med	None
D7521	Incision and drainage of abscess-extraoral soft tissue-complicated (includes drainage of multiple fascial spaces)	Excluded	BR	None
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Excluded	BR / Med	Move to Emergent Line
D7671	Alveolus, open reduction, may include stabilization of teeth	Excluded	Med	None
D7771	Alveolus, closed reduction stabilization of teeth	Excluded	Med	None
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxillaautogenous or nonautogenous, by report		BR / Med	Move to Elective Line
D7953	Bone replacement graft for ridge preservation, per site	Excluded		Move to Elective Line
D7963	Frenuloplasty	Excluded		Move to line 504 to pair with
D7972	Surgical reduction of fibrous tuberosity	Excluded		Move to Elective Line
D7990	Emergency tracheotomy	Exempt	BR	None
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Excluded		
D9211	Regional block anesthesia	Excluded	BR / Med	Move to Ancillary List

CDT Code	Code Description	Current Designation	BR / Med	Recommended Changes
D9212	Trigeminal division block anesthesia	Excluded	Med	
D9215	Local anesthesia	Excluded		
D9220	Deep sedation/general anesthesia, first 30 minutes	Exempt		Move to Ancillary List
D9221	Deep sedation/general anesthesia, each additional 15 minutes	Excluded		Move to Ancillary List
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	Excluded		Move to Ancillary List
D9241 - D9242	D9241-Intravenous conscious sedation/analgesia, first 30 minutes; D9242-Intravenous conscious sedation/analgesia, each additional 15 minutes	Excluded		Move to Ancillary List
D9248	Non-intravenous conscious sedation	Excluded		Move to Ancillary List
D9430	Office visit for observation (during regularly scheduled hours), no other services performed			Beryl will contact ODA to determine this code's purpose; leaning toward excluding.
D9450	Case presentation, detailed and extensive treatment planning	Excluded		none
D9630	Other drugs and/or medicaments, by report	Excluded		Move to Ancillary List
D9942	Repair and/or relining of occlusal guard	Excluded		Move to Elective line

MEETING HIGHLIGHTS

**HSC Dental Services Subcommittee
Clackamas Community College
Wilsonville Training Center, Room 212
Wilsonville, Oregon**

*April 13, 2010
1:00 – 4:00 pm*

Members Present: Gary Allen, DMD; Kristi Jacobo; Deborah Loy; Mike Shirtcliff, DMD; Beryl Fletcher; Michael Plunkett, MD.

Members Absent: Lisa Dodson, MD (Chair); Cedric Hayden, DMD; Gordon Empey, DMD; Lynn Ironside; Jake Felix, MD.

Staff Present: Darren Coffman; Cat Livingston, MD, MPH; Jason Gingerich.

Guests: None.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights</p> <p>The highlights of the February 8, 2010 Dental Services Subcommittee meeting were reviewed.</p> <p>Beryl noted that “ODA” should be listed as “ADA.”</p> <p>Kristi had some different notes than what is reflected in Attachment A. Cat mentioned that she has pulled all the codes together and they should be correct but will double check as they are reviewed.</p>	<p>Corrections will be made and posted to the website.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p>HSC Issues</p> <p>The biennial review process will be completed in May. Staff need to bring all the dental lines and recommended prioritization from this subcommittee to that meeting for approval and inclusion on the January 1, 2012 Prioritized List of Health Services.</p> <p>Dr. Allen mentioned that he was not contacted regarding radiolucent mandibular lesions (cysts or lesions partly or wholly permeable to radiation) as stated in the February highlights.</p>	<p>Contact Ariel regarding issue.</p>	<p>Cat</p>	<p>Before May HSC meeting</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of New Dental Lines</p> <p>The members reviewed the initially proposed 18 new lines and the codes assigned to them and after discussion suggest:</p> <ul style="list-style-type: none"> ▪ Adding new lines (basic and advanced endodontics for anterior, bicuspid and molar teeth – 6 total lines), as they will have different prioritization levels. ▪ Using the term “advanced” rather than “complex” in line titles. ▪ Establish a new line titled, “Advanced Restorative – Elective.” ▪ Guidelines be developed by 1) age (in DMAP rules where services limited to children), and 2) tooth (when the code doesn’t make the distinction where necessary). 	<p>Please see Attachment A for a summary of the recommended changes in code assignment to the new dental lines.</p> <p>Kristi to confirm that D0290 (Dental film skull/facial bone) and D0350 (Oral/facial photo images) should only be allowed for cleft palate.</p> <p>Deborah to get feedback from medical directors on exclusion of D5670 and D5671 (Replace all teeth and acrylic on cast metal framework)</p>	<p>Kristi</p> <p>Deborah</p>	<p>Report back at 4/27 mtg</p> <p>Report back at 4/27 mtg</p>
<p>Other Business</p> <p>No other business was identified at this time.</p>			
<p>Public Comment</p> <p>No public comment was offered at this time.</p>			
<p>Next Steps</p> <p>The next meetings of the subcommittee will be held on Tuesday, April 27, 2010, 1:00-4:00 pm, Room 212</p> <p>At this meeting the subcommittee will review the assignment of codes to the new dental lines not review at this meeting and follow the HSC prioritization methodology in recommending rankings for the new dental lines, taking into account the value-based services being extracted.</p>	<p>Send a reminder of the meeting.</p>	<p>Dorothy</p>	<p>ASAP</p>
<p>Adjournment</p> <p>The meeting was adjourned at 4:00 pm.</p>			

Code	Description	Former Line	Comments	Guideline Note?
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	357	basic molar, GL by age	Yes (age)
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	357	3 advanced, GL by age, tooth	Yes (tooth)
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	357	3 basic, GL by tooth	Yes (tooth)
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	357	3 advanced, GL by age, tooth	Yes (tooth and age)
D3346	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-ANTERIOR	357	Advanced Anterior	
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	505	advanced bicuspid-age gl	Yes (age)
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	505	molar adv-age gl	Yes (age)
D3351	APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	499	Urgent	
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	499	Urgent	
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY-APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	499	Urgent	
D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR	357	Advanced Anterior (age)	Yes (age)
D3430	RETROGRADE FILLING – PER ROOT	505	Advanced anterior, bic, molar (age)	Yes (age)
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	499	Elective	

D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	474	Advanced Periodontics	
D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	474	Advanced Periodontics	
D4245	APICALLY POSITIONED FLAP	474	Advanced Periodontics	
D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	474	Advanced Periodontics	
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	474	Advanced Periodontics	
D4268	SURGICAL REVISION PROCEDURE, PER TOOTH	474	Advanced Periodontics	
D5982	SURGICAL STENT	105	Advanced Periodontics	
D3230	PULPAL THERAPY (RESORBABLE FILLING)-ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	59	Urgent	
D3310	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING FINAL RESTORATION)	357	Basic Anterior Endodontics	
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	59	Urgent	
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	499	Basic Periodontics	
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	499	Basic Periodontics	
D4910	PERIODONTAL MAINTENANCE	474	Basic Periodontics	
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	474	Urgent	
520.4	DISTURBANCES OF TOOTH FORMATION	105	Basic Restorative	
521.01	DENTAL CARIES LIMITED TO ENAMEL	357	Basic Restorative	
521.02	DENTAL CARIES EXTENDING INTO DENTINE	357	Basic Restorative	

521.03	DENTAL CARIES EXTENDING INTO PULP	357	Basic Restorative
521.04	ARRESTED DENTAL CARIES	357	Basic Restorative
521.05	ODONTOCLASIA	357	Basic Restorative
521.06	DENTAL CARIES PIT AND FISSURE	357	Basic Restorative
521.07	DENTAL CARIES OF SMOOTH SURFACE	357	Basic Restorative
521.08	DENTAL CARIES OF ROOT SURFACE	357	Basic Restorative
521.09	OTHER DENTAL CARIES	357	Basic Restorative
521.31	EROSION, LIMITED TO ENAMEL	357	Basic Restorative
521.32	EROSION, EXTENDING INTO DENTINE	357	Basic Restorative
521.33	EROSION, EXTENDING INTO PULP	357	Basic Restorative
521.34	EROSION, LOCALIZED	357	Basic Restorative
521.35	EROSION, GENERALIZED	357	Basic Restorative
521.81	CRACKED TOOTH	105	Basic Restorative
521.89	OTHER SPECIFIED DISEASES OF HARD TISSUES OF TEETH	105, 59	Basic Restorative
521.0	DENTAL CARIES	357	Basic Restorative
521.00	UNSPECIFIED DENTAL CARIES	357	Basic Restorative
521.30	EROSION, UNSPECIFIED	357	Basic Restorative
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	357	Basic Restorative
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	357	Basic Restorative
D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	357	Basic Restorative
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	357	Basic Restorative
D2330	RESIN-ONE SURFACE, ANTERIOR	357	Basic Restorative
D2331	RESIN-TWO SURFACES, ANTERIOR	357	Basic Restorative
D2332	RESIN-THREE SURFACES, ANTERIOR	357	Basic Restorative
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	357	Basic Restorative
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	357	Basic Restorative
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	357	Basic Restorative
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	357	Basic Restorative
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	357	Basic Restorative
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	357	Basic Restorative
D7530	incision and drainage of abscess - extraoral soft tissue - complicated		Emergency
D7540	removal of reaction producing foreign bodies, musculoskeletal system		Oral Surgery
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		Oral Surgery
D5860	OVERDENTURE-COMPLETE, BY REPORT	505	Complex Prosthetics
D5861	OVERDENTURE-PARTIAL, BY REPORT	505	Complex Prosthetics
D6010	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT	630	Implants
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	505	Complex Prosthetics
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	505	Complex Prosthetics
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	505	Complex Prosthetics
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	505	Complex Prosthetics
D6252	PONTIC-RESIN WITH NOBLE METAL	505	Complex Prosthetics
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	505	Complex Prosthetics
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	505	Complex Prosthetics
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	505	Complex Prosthetics
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	505	Complex Prosthetics

D6792	CROWN-FULL CAST NOBLE METAL	505	Complex Prosthetics	
D6970	POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECTLY FABRICATED	505	Complex Prosthetics	
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	505	Complex Prosthetics	
D6975	COPING-METAL	505	Complex Prosthetics	
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)	499	possibly not covered	
D2751	CROWN-PROCELAIN FUSED TO PREDOMINANTLY BASE METAL	499	possibly not covered	
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	499	possibly not covered	
D7471	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	499	Oral Surgery	
D2712	Crown-3/4 resin-based composite (Indirect)	Exclude File	Advanced Restorative	
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	357	Basic Restorative	
D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	357	Basic Restorative	
D2932	PREFABRICATED RESIN CROWN	357	Basic Restorative	
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	357	Basic Restorative	
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	357	Basic Restorative	
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	357	Urgent	
D2980	CROWN REPAIR, BY REPORT	357	Basic Restorative	Yes
520.3	MOTTLED TEETH	105	Cosmetic	
D2410	GOLD FOIL-ONE SURFACE	630	Cosmetic	
D2420	GOLD FOIL-TWO SURFACES	630	Cosmetic	
D2430	GOLD FOIL-THREE SURFACES	630	Cosmetic	
D2510	INLAY-METALLIC-ONE SURFACE	630	Cosmetic	
D2520	INLAY-METALLIC-TWO SURFACES	630	Cosmetic	
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	630	Cosmetic	
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	630	Cosmetic	
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	630	Cosmetic	
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	630	Cosmetic	
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	630	Cosmetic	
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	630	Cosmetic	
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	630	Cosmetic	
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	630	Cosmetic	
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	630	Cosmetic	
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	630	Cosmetic	
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	630	Cosmetic	
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	630	Cosmetic	
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	630	Cosmetic	
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	630	Cosmetic	
D2934	Prefab esthetic coated stainless steel crown, primary tooth	Exclude File	Cosmetic	
D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	630	Cosmetic	
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	630	Cosmetic	
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	630	Cosmetic	
D3460	ENDODONTIC ENDOSSEOUS IMPLANT	630	Cosmetic	
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	630	Cosmetic	
D5810	INTERIM COMPLETE DENTURE (MAXILLARY)	630	Cosmetic	
D5811	INTERIM COMPLETE DENTURE (Mandibular)	630	Cosmetic	
D5862	PRECISION ATTACHMENT, BY REPORT	630	Cosmetic	
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	630	Cosmetic	

D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	630	Cosmetic
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	630	Implants
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	630	Implants
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	630	Implants
D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR	630	Implants
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	630	Implants
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	630	Implants
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	630	Implants
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	630	Implants
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	630	Implants
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	630	Implants
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	630	Implants
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	630	Implants
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	630	Implants
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	630	Implants
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	630	Implants
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	630	Implants
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	630	Implants
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	630	Implants
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	630	Implants
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	630	Implants
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	630	Implants
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	630	Implants
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	630	Implants
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	630	Implants
D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	630	Implants
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	630	Implants
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	630	Implants
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	630	Implants
D6080	IMPLANT MAINTENANCE PROCEDURES, INCLUDING: REMOVAL OF PROSTHESIS, CLEANSING OF PROSTHESIS AND ABUTMEN REINSERTION OF PROSTHESIS	630	Implants
D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	630	Implants
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	630	Implants
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	630	Implants
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	630	Implants
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	630	Implants
D6100	IMPLANT REMOVAL, BY REPORT	630	Implants
D6210	PONTIC-CAST HIGH NOBLE METAL	630	Implants
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	630	Implants

D6245	PONTIC - PORCELAIN/CERAMIC	630	Implants
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	630	Implants
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	630	Cosmetic
D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	630	Cosmetic
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	630	Cosmetic
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	630	Cosmetic
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	630	Cosmetic
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	630	Cosmetic
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	630	Cosmetic
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	630	Cosmetic
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	630	Cosmetic
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	630	Cosmetic
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	630	Cosmetic
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	630	Cosmetic
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	630	Cosmetic
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	630	Cosmetic
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	630	Cosmetic
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	630	Cosmetic
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	630	Cosmetic
D6720	CROWN-RESIN WITH HIGH NOBLE METAL	630	Cosmetic
D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	630	Cosmetic
D6722	CROWN-RESIN WITH NOBLE METAL	630	Cosmetic
D6740	CROWN - PORCELAIN/CERAMIC	630	Cosmetic
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	630	Cosmetic
D6790	CROWN-FULL CAST HIGH NOBLE METAL	630	Cosmetic
D6920	CONNECTOR BAR	630	Cosmetic
D6950	PRECISION ATTACHMENT	630	Cosmetic
D6985	Pediatric partial denture, fixed	Excluded	Cosmetic
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	630	Cosmetic
D7290	SURGICAL REPOSITIONING OF TEETH	630	Cosmetic
D7291	TRANSSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT	630	Cosmetic
D7292	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE [SCREW RETAINED PLATE] REQUIRING SURGICAL FLAP	630	Cosmetic
D7293	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE REQUIRING SURGICAL FLAP	630	Cosmetic
D7294	SURGICAL PLACEMENT: TEMPORARY ANCHORAGE DEVICE WITHOUT SURGICAL FLAP	630	Cosmetic
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM	630	Cosmetic
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BY REPORT	630	Cosmetic
D7996	IMPLANT-MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE), BY REPORT	630	Cosmetic
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	630	Cosmetic
D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	630	Cosmetic
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	630	Cosmetic
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	630	Cosmetic
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	630	Cosmetic
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	630	Cosmetic
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	630	Cosmetic
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	630	Cosmetic
D8210	REMOVABLE APPLIANCE THERAPY	630	Cosmetic
D8220	FIXED APPLIANCE THERAPY	630	Cosmetic

D8660	PRE-ORTHODONTIC VISIT	630	Cosmetic
D8670	PERIODIC ORTHODONTIC TREATMENT VISIT (AS PART OF CONTRACT)	630	Cosmetic
D8680	ORTHODONTIC RETENTION (REMOVAL OF APPLIANCES, CONSTRUCTION AND PLACEMENT OF RETAINER(S))	630	Cosmetic
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BILLING TO A CONTRACT FEE)	630	Cosmetic
D8691	REPAIR OF ORTHODONTIC APPLIANCE	630	Cosmetic
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	630	Cosmetic
D8693	REBONDING OR RECEMENTING; AND/OR REPAIR, AS REQUIRED, OF FIXED RETAINERS	630	Cosmetic
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	630	Cosmetic
D9950	OCCLUSION ANALYSIS-MOUNTED CASE	630	Cosmetic
D9970	ENAMEL MICROABRASION	630	Cosmetic
D9971	ODONTOPLASTY 1 - 2 TEETH; INCLUDES REMOVAL OF ENAMEL PROJECTIONS	630	Cosmetic
D9972	EXTERNAL BLEACHING - PER ARCH	630	Cosmetic
D9973	EXTERNAL BLEACHING - PER TOOTH	630	Cosmetic
D9974	INTERNAL BLEACHING - PER TOOTH	630	Cosmetic

41870	PERIODONTAL MUCOSAL GRAFTING	499	Adv elect restorative
D2542	ONLAY-METALLIC-TWO SURFACES	660	Adv elect restorative
D2543	ONLAY - METALLIC - THREE SURFACES	660	Adv elect restorative
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	660	Adv elect restorative
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	660	Adv elect restorative
			Adv elect restorative
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	660	Adv elect restorative
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	660	Adv elect restorative
D2782	CROWN - 3/4 CAST NOBLE METAL	660	Adv elect restorative
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	660	Adv elect restorative
			Adv elect restorative
D2794	Crown-Titanium	Exclude File	Adv elect restorative
D2799	PROVISIONAL CROWN	660	Adv restorative
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	660	Adv elect restorative
D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)		Move to advanced endo bicuspid
D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT).		Move to advanced endo molar
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)		Move to advanced endo molar
D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)		Move to advanced endo bicuspid
D3450	ROOT AMPUTATION-PER ROOT		Move to advanced endo anterior
D3450	ROOT AMPUTATION-PER ROOT		Move to advanced endo molar

D3450	ROOT AMPUTATION-PER ROOT		Move to advanced endo bicuspid
D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	660	Elective
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	660	Elective
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	660	Cosmetic
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT	660	Cosmetic
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	660	Advanced elective restorative
D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	660	Elective
D4264	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	660	Elective
D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	660	Advanced perio
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH)		Advanced perio
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	660	Advanced perio
D4381	LOCALIZED DELIVERY OF ANTIMICROBIAL AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TISSUE, PER TOOTH, BY REPORT	660	Move to Advanced perio; with gl note
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	499	Advanced elective restorative
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,RESTS AND TEETH)	499	Advanced elective restorative

MEETING HIGHLIGHTS

HSC Dental Services Subcommittee
Clackamas Community College
Wilsonville Training Center, Room 212
Wilsonville, Oregon
April 27, 2010
1:00 – 4:00 pm

Members Present: Lisa Dodson, MD, Chair; Gary Allen, DMD; Kristi Jacobo; Mike Shirtcliff, DMD; Beryl Fletcher; Cedric Hayden, DMD; Lynn Ironside.

Members Absent: Gordon Empey, DMD; Jake Felix, MD; Deborah Loy; Michael Plunkett, MD.

Staff Present: Darren Coffman; Cat Livingston, MD, MPH; Jason Gingerich.

Guests: James Tyack, DMD, HSC member.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights</p> <p>The highlights of the April 13, 2010 Dental Services Subcommittee meeting were reviewed.</p>	No changes	Dorothy	ASAP
<p>HSC Issues</p> <p>Radiolucent mandibular lesions (cysts or lesions partly or wholly permeable to radiation) were discussed. With the removal of former dental Line 357, a number of 526.x ICD-9 codes would potentially fall off the List altogether.</p> <p>Members decided to recommend moving 526.0 (Developmental odontogenic cysts), 526.1 (Fissural cysts of jaw), 526.2 (Other cysts of jaw), 526.3 (Central giant cell (reparative) granuloma), and 526.89 (Other specified disease of jaw (cherubism, fibrous dysplasia, latent bone cyst, osteoradionecrosis, unilateral condylar hyperplasia, or hypoplasia of mandible)) to line 539, with the caveat that this line is being reviewed by the HSC as part of the biennial review and would be prioritized higher. They felt all these codes should be in the funded portion of the List.</p> <p>They recommend 526.81 (Exostosis of jaw) should be on a lower line. 526.9 should be Excluded because there are more appropriate specific codes available.</p>	Recommendations developed to forward to HSC on codes for radiolucent mandibular lesions.	HSC	May 13, 2010

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of New Dental Lines</p> <p>The members continued to review the initially proposed 22 new dental lines and the codes assigned to them.</p> <p>Note that the previously-considered line for Fixed Prosthodontics was eliminated after all codes were moved to other lines.</p>	<p>Please see <i>Attachment A</i> for a summary of the recommended changes in code assignment to the new dental lines.</p> <p>Please see <i>Attachment B</i> for the line scoring using the HSC prioritization methodology.</p>		
<p>Other Business</p> <p>No other business was identified at this time.</p>			
<p>Public Comment</p> <p>No public comment was offered at this time.</p>			
<p>Next Steps</p> <p>The next meeting of the subcommittee will be held in October-December time frame.</p>	<p>Organize the Fall 2010 Meeting</p>	<p>Staff</p>	<p>Sept.</p>
<p>Adjournment</p> <p>The meeting was adjourned at 4:30 pm.</p>			

Attachment A:

Codes reviewed at 4/27/2010 Dental Services Subcommittee meeting

	Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
New Line:			Advanced restorative-elective			
	H	D2410	Dental gold foil one surface		628	
	H	D2420	Dental gold foil two surface		628	
	H	D2430	Dental gold foil three surfa		628	
	H	D2510	Dental inlay metallic 1 surf		628	
	H	D2520	Dental inlay metallic 2 surf		628	
	H	D2530	Dental inlay metl 3/more sur		628	
	H	D2971	Add proc construct new crown		Excluded	
	H	D5281	Removable partial denture		628	
	H	D5810	Denture interm cmplt maxill		628	
	H	D5811	Denture interm cmplt mandbl		Not on list	
	H	D5862	Precision attachment		628	
	H	D5867	Replacement of precision att		628	
	H	D5875	Prosthesis modification		628	
	H	D6205	Pontic-indirect resin based		Excluded	
	H	D6212	Bridge noble metal cast		658	
	H	D6214	Pontic titanium		Excluded	
	H	D6253	Provisional pontic		Excluded	
	H	D6602	Cst hgh nble mtl inlay 2 srf		628	
	H	D6603	Cst hgh nble mtl inlay >=3sr		628	
	H	D6604	Cst bse mtl inlay 2 surfaces		628	
	H	D6605	Cst bse mtl inlay >= 3 surfa		628	
	H	D6606	Cast noble metal inlay 2 sur		628	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D6607	Cst noble mtl inlay >=3 surf		628	
H	D6610	Onlay cst hgh nbl mtl 2 srfc		628	
H	D6611	Onlay cst hgh nbl mtl >=3srf		628	
H	D6612	Onlay cst base mtl 2 surface		628	
H	D6613	Onlay cst base mtl >=3 surfa		628	
H	D6614	Onlay cst nbl mtl 2 surfaces		628	
H	D6615	Onlay cst nbl mtl >=3 surfac		628	
H	D6624	Inlay titanium		Excluded	
H	D6634	Onlay titanium		Excluded	
H	D6710	Crown-indirect resin based		Excluded	
H	D6780	Crown 3/4 high noble metal		658	
H	D6781	Crown 3/4 cast based metal		658	
H	D6782	Crown 3/4 cast noble metal		658	
H	D6783	Crown 3/4 porcelain/ceramic		658	
H	D6790	Crown full high noble metal		628	
H	D6793	Provisional retainer crown		Excluded	
H	D6794	Crown titanium		Excluded	
H	D6920	Dental connector bar		628	
H	D6940	Stress breaker		658	
H	D6950	Precision attachment		628	
H	D6976	Each addtnl cast post		658	
H	D9950	Occlusion analysis		628	
New Line: Basic restorative					
H	D2954	Prefab post/core + crown		498	
H	D2957	Each addtnl prefab post		498	
H	D6970	Post & core plus retainer		504	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D6972	Prefab post & core plus reta		498	
H	D6973	Core build up for retainer		504	
H	D6977	Each addtl prefab post		658	
H	D6980	Bridge repair		498	
New Line: Complex prosthodontics					
H	D5860	Overdenture complete		504	
H	D5861	Overdenture partial		504	
H	D6211	Bridge base metal cast		504	
H	D6241	Bridge porcelain base metal		504	
H	D6242	Bridge porcelain nobel metal		504	
H	D6251	Bridge resin base metal		504	
H	D6252	Bridge resin w/noble metal		504	
H	D6545	Dental retainr cast metl		504	
H	D6751	Crown porcelain base metal		504	
H	D6752	Crown porcelain noble metal		504	
H	D6791	Crown full base metal cast		504	
H	D6792	Crown full noble metal cast		504	
H	D6975	Coping metal		504	
New Line: Cosmetic					
H	D2610	Inlay porcelain/ceramic 1 su		628	
H	D2620	Inlay porcelain/ceramic 2 su		628	
H	D2630	Dental onlay porc 3/more sur		628	
H	D2642	Dental onlay porcelin 2 surf		628	
H	D2643	Dental onlay porcelin 3 surf		628	
H	D2644	Dental onlay porc 4/more sur		628	
H	D2650	Inlay composite/resin one su		628	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D2651	Inlay composite/resin two su		628	
H	D2652	Dental inlay resin 3/mre sur		628	
H	D2662	Dental onlay resin 2 surface		628	
H	D2663	Dental onlay resin 3 surface		628	
H	D2664	Dental onlay resin 4/mre sur		628	
H	D2934	Prefab steel crown primary		Excluded	
H	D2960	Laminate labial veneer		628	
H	D2961	Lab labial veneer resin		628	
H	D2962	Lab labial veneer porcelain		628	
H	D3460	Endodontic endosseous implan		628	
H	D6548	Porcelain/ceramic retainer		628	
H	D6600	Porcelain/ceramic inlay 2srf		628	
H	D6601	Porc/ceram inlay >= 3 surfac		628	
H	D6608	Onlay porc/crmc 2 surfaces		628	
H	D6609	Onlay porc/crmc >=3 surfaces		628	
H	D6720	Retain crown resin w hi nble		628	
H	D6721	Crown resin w/base metal		628	
H	D6722	Crown resin w/noble metal		628	
H	D6740	Crown porcelain/ceramic		628	
H	D6750	Crown porcelain high noble		628	
H	D6985	Pediatric partial denture fx		Not on list	
H	D7995	Synthetic graft facial bones		628	
H	D7996	Implant mandible for augment		628	
H	D9970	Enamel microabrasion		628	
H	D9971	Odontoplasty 1-2 teeth		628	
H	D9972	Extrnl bleaching per arch		628	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D9973	Extrnl bleaching per tooth		628	
H	D9974	Intrnl bleaching per tooth		628	
New Line: Diagnostic (Not on List)					
H	D0290	Dental film skull/facial bon		Diagnostic	
New Line: Elective					
H	D7272	Tooth transplantation		658	
H	D7950	Mandible graft		BR/MED	
H	D7953	Bone replacement graft		Excluded	
H	D7972	Surg redct fibrous tuberosit		Excluded	
H	D7998	Intraoral place of fix dev		658	
H	D9940	Dental occlusal guard		658	
H	D9941	Fabrication athletic guard		628	
H	D9942	Repair/reline occlusal guard		Excluded	
H	D9952	Complete occlusal adjustment		658	
New Line: Exclude (Not on List)					
H	D0360	Cone beam ct		Diagnostic	
H	D0362	Cone beam, two dimensional		Diagnostic	
H	D0363	Cone beam, three dimensional		Diagnostic	
H	D0416	Viral culture		Excluded	
H	D0417	Collect & prep saliva sample		Excluded	
H	D0418	Analysis of saliva sample		Excluded	
H	D0421	Gen tst suscept oral disease		Excluded	
H	D0425	Caries susceptibility test		Excluded	
H	D0431	Diag tst detect mucos abnorm		Excluded	
H	D0460	Pulp vitality test		Excluded	
H	D0470	Diagnostic casts		Not on list	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D0475	Decalcification procedure		Excluded	
H	D0476	Spec stains for microorganis		Excluded	
H	D0477	Spec stains not for microorg		Excluded	
H	D0478	Immunohistochemical stains		Excluded	
H	D0479	Tissue in-situ hybridization		Excluded	
H	D0480	Cytopath smear prep & report		Diagnostic	
H	D0481	Electron microscopy diagnost		Excluded	
H	D0482	Direct immunofluorescence		Excluded	
H	D0483	Indirect immunofluorescence		Excluded	
H	D0484	Consult slides prep elsewher		Excluded	
H	D0485	Consult inc prep of slides		Excluded	
H	D0486	Accession of brush biopsy		Diagnostic	
H	D0999	Unspecified diagnostic proce		Excluded	
H	D2975	Coping		Excluded	
H	D2999	Dental unspec restorative pr		628	
H	D3999	Endodontic procedure		628	
H	D4265	Bio mtrls to aid soft/os reg		Excluded	
H	D4266	Guided tiss regen resorble		Excluded	
H	D4267	Guided tiss regen nonresorb		Excluded	
H	D4999	Unspecified periodontal proc		628	
H	D5899	Removable prosthodontic proc		628	
H	D5911	Facial moulage sectional		Ancillary	
H	D5912	Facial moulage complete		Ancillary	
H	D5913	Nasal prosthesis		Ancillary	
H	D5914	Auricular prosthesis		620	
H	D5915	Orbital prosthesis		273, 506	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D5916	Ocular prosthesis		Ancillary	
H	D5919	Facial prosthesis		273	
H	D5922	Nasal septal prosthesis		Ancillary	
H	D5923	Ocular prosthesis interim		Ancillary	
H	D5926	Replacement nasal prosthesis		Ancillary	
H	D5936	Temp obturator prosthesis		Ancillary	
H	D5951	Feeding aid		59	
H	D5952	Pediatric speech aid		Ancillary	
H	D5953	Adult speech aid		Ancillary	
H	D5999	Maxillofacial prosthesis		628	
H	D6199	Implant procedure		628	
H	D6999	Fixed prosthodontic proc		628	
H	D7410	Rad exc lesion up to 1.25 cm		628	
H	D7411	Excision benign lesion>1.25c		Excluded	
H	D7412	Excision benign lesion compl		Excluded	
H	D7413	Excision malig lesion<=1.25c		Excluded	
H	D7414	Excision malig lesion>1.25cm		Excluded	
H	D7415	Excision malig les complicat		Excluded	
H	D7472	Removal of torus palatinus		Excluded	
H	D7473	Remove torus mandibularis		Excluded	
H	D7485	Surg reduct osseoustuberosit		Excluded	
H	D7490	Maxilla or mandible resectio		Excluded	
H	D7511	Incision/drain abscess intra		Excluded	
H	D7521	Incision/drain abscess extra		Excluded	
H	D7610	Maxilla open reduct simple		59	
H	D7620	Clsd reduct simpl maxilla fx		59	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D7630	Open red simpl mandible fx		59	
H	D7640	Clsd red simpl mandible fx		59	
H	D7650	Open red simp malar/zygom fx		59	
H	D7660	Clsd red simp malar/zygom fx		59	
H	D7671	Alveolus open reduction		Excluded	
H	D7710	Maxilla open reduct compound		59	
H	D7720	Clsd reduct compd maxilla fx		59	
H	D7730	Open reduct compd mandble fx		59	
H	D7740	Clsd reduct compd mandble fx		59	
H	D7750	Open red comp malar/zygma fx		59	
H	D7760	Clsd red comp malar/zygma fx		59	
H	D7771	Alveolus clsd reduc stblz te		Excluded	
H	D7780	Reduct compnd facial bone fx		59	
H	D7840	Removal of tmj condyle		628	
H	D7850	Tmj meniscectomy		628	
H	D7951	Sinus aug w bone/bone sup		628	
H	D7999	Oral surgery procedure		628	
H	D8999	Orthodontic procedure		49,324,628	
H	D9210	Dent anesthesia w/o surgery		Excluded	
H	D9215	Local anesthesia		Excluded	
H	D9430	Office visit during hours		Not on list	
H	D9450	Case presentation tx plan		Excluded	
H	D9999	Adjunctive procedure		357, 628	
H	S0270	Home std case rate 30 days		59	
P	98966	NONPHYSICIAN TELEPHONE ASSESSMENT 5-10 MIN		59	Not reviewed--exclude from dental lines only

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
P	98967	NONPHYSICIAN TELEPHONE ASSESSMENT 11-20 MIN		59	
P	98968	NONPHYSICIAN TELEPHONE ASSESSMENT 21-30 MIN		59	
New Line: Orthodontia					
H	D0340	Dental cephalometric film		Diagnostic	Add to Cleft Palate lines
H	D0350	Oral/facial photo images		Diagnostic	Add to Cleft Palate lines
H	D7280	Exposure impact tooth orthod		628	Add to Cleft Palate lines
H	D7282	Mobilize erupted/malpos toot		Diagnostic	Add to Cleft Palate lines
H	D7283	Place device impacted tooth		Diagnostic	Add to Cleft Palate lines
H	D7290	Repositioning of teeth		628	Add to Cleft Palate lines
H	D7291	Transseptal fiberotomy		628	Add to Cleft Palate lines
H	D7292	Screw retained plate		628	Add to Cleft Palate lines
H	D7293	Temp anchorage dev w flap		628	Add to Cleft Palate lines
H	D7294	Temp anchorage dev w/o flap		628	Add to Cleft Palate lines
H	D8010	Limited dental tx primary		49,324,628	
H	D8020	Limited dental tx transition		49,324,628	
H	D8030	Limited dental tx adolescent		49,324,628	
H	D8040	Limited dental tx adult		49,324,628	
H	D8050	Intercep dental tx primary		324,628	Add to cleft palate w/ airway obstruction line
H	D8060	Intercep dental tx transiti		324,628	Add to cleft palate w/ airway obstruction line
H	D8070	Compre dental tx transition		49,324,628	
H	D8080	Compre dental tx adolescent		49,324,628	
H	D8090	Compre dental tx adult		49,324,628	
H	D8210	Orthodontic rem appliance tx		49,324,628	
H	D8220	Fixed appliance therapy habt		49,324,628	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D8660	Preorthodontic tx visit		49,324,628	
H	D8670	Periodic orthodontic tx visit		49,324,628	
H	D8680	Orthodontic retention		49,324,628	
H	D8690	Orthodontic treatment		49,324,628	
H	D8691	Repair ortho appliance		49,324,628	
H	D8692	Replacement retainer		49,324,628	
H	D8693	Rebond/cement/repair retain		49,324,628	
New Line: Preventive					
H	D0120	Periodic oral evaluation		104	
H	D0145	Oral evaluation, pt < 3yrs		104	
H	D0150	Comprehensve oral evaluation		104	
H	D0180	Comp periodontal evaluation		104	
H	D1110	Dental prophylaxis adult		104	
H	D1120	Dental prophylaxis child		104	
H	D1203	Topical app fluoride child		104	
H	D1204	Topical app fluoride adult		104, 658	
H	D1206	Topical fluoride varnish		104, 658	
H	D1310	Nutri counsel-control caries		Excluded	
H	D1330	Oral hygiene instruction		104	
H	D1351	Dental sealant per tooth		104	
H	D1510	Space maintainer fxd unilat		473	
H	D1515	Fixed bilat space maintainer		473	
H	D1520	Remove unilat space maintain	Limit to children 18 and under	473	
H	D1525	Remove bilat space maintain	Limit to children 18 and under	473	
H	D1550	Recement space maintainer		59	
H	D1555	Remove fix space maintainer	Limit to children 18 and under	473	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D4355	Full mouth debridement		104	
H	D5986	Fluoride applicator		104	
H	D9920	Behavior management		104	
New Line: Removable prosthodontics					
H	D5110	Dentures complete maxillary		498	
H	D5120	Dentures complete mandible		498	
H	D5130	Dentures immediat maxillary		498	
H	D5140	Dentures immediat mandible		498	
H	D5211	Dentures maxill part resin		498	
H	D5212	Dentures mand part resin		498	
H	D5520	Replace denture teeth complt		498	
H	D5610	Dentures repair resin base		498	
H	D5620	Rep part denture cast frame		498	
H	D5630	Rep partial denture clasp		498	
H	D5640	Replace part denture teeth		498	
H	D5650	Add tooth to partial denture		498	
H	D5660	Add clasp to partial denture		498	
H	D5670	Replc tth&acrlic on mtl frmwk		Excluded	
H	D5671	Replc tth&acrlic mandibular		Excluded	
H	D5710	Dentures rebase cmplt maxil		498	
H	D5711	Dentures rebase cmplt mand		498	
H	D5720	Dentures rebase part maxill		498	
H	D5721	Dentures rebase part mandbl		498	
H	D5730	Denture reln cmplt maxil ch		498	
H	D5731	Denture reln cmplt mand chr		498	
H	D5740	Denture reln part maxil chr		498	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Code Type	Code	Code Description	GuideLine Note	Former Line(s)	Comments:
H	D5741	Denture reln part mand chr		498	
H	D5750	Denture reln cmplt max lab		498	
H	D5751	Denture reln cmplt mand lab		498	
H	D5760	Denture reln part maxil lab		498	
H	D5761	Denture reln part mand lab		498	
H	D5820	Denture interm part maxill		498, 628	
H	D5821	Denture interm part mandbl		498	
New Line: Urgent					
H	D5850	Denture tiss conditn maxill		498, 504	
H	D5851	Denture tiss conditin mandbl		498, 504	
H	D9910	Dent appl desensitizing med		658	
H	D9911	Appl desensitizing resin		658	
H	D9951	Limited occlusal adjustment		658	

Note: This report reflects codes discussed in the meeting and does not represent the full list of codes on the indicated line(s).

Attachment B (Dental Services Subcommittee, 4/27/2010)

Treatment	Score	Category	HLY	Suffering	Population Effects	Vulnerable Pop	Tertiary Prevntn	Effectiveness	Need For Services	Net Cost
Preventive	2850	2	5	0	0	1	0	5	1	5
Emergency	2800	6	6	4	0	0	4	5	1	4
Basic periodontics	1500	3	4	0	1	0	0	4	1	4
Urgent	1300	7	5	4	0	0	4	5	1	4
Basic restorative	800	7	3	1	0	0	4	5	1	3
Oral surgery	800	7	4	3	0	0	3	5	0.8	3
Basic endodontics, anterior	576	7	2	2	0	0	4	4	0.9	4
Basic endodontics, bicuspid/premolar	384	7	2	2	0	0	4	3	0.8	3
Basic endodontics, molar	336	7	2	2	0	0	4	3	0.7	2
Advanced endodontics, anterior	216	7	2	1	0	0	3	3	0.6	2
Removable prosthodontics	192	7	2	1	0	0	0	4	0.8	3
Advanced endodontics, bicuspid/premolar	180	7	1	1	0	0	3	3	0.6	2
Advanced restorative	168	7	1	0	0	0	2	4	0.7	2
Advanced periodontics	160	7	2	1	1	0	4	2	0.5	2
Advanced endodontics, molars	120	7	1	1	0	0	3	2	0.6	2
Advanced restorative elective	12	7	1	0	0	0	1	3	0.1	2
Complex prosthodontics	6	7	1	0	0	0	0	3	0.1	2
Implants	0.4	9	1	0	0	0	0	4	0.1	2
Orthodontia	0.4	9	1	0	0	0	0	4	0.1	2
Cosmetic	0	9	0	0	0	0	0	4	0.1	2
Elective	0	9	0	0	0	0	0	4	0	2

Recommended scorings of the Dental Services Subcommittee, April 27, 2010.